

Hungarian Forint / DRG costweight). **CONCLUSIONS:** Introduction of degressive financing method – in addition to DRG reimbursement – managed to control the activity of hospitals. The soft regulation in 2011 and 2012 resulted in a 4.2–4.6% excess activity of hospitals, while the more rigorous regulation in 2013 managed to decrease the excess hospital activity to 1.9%. Degressive regulation can serve as a cost containment tool for health policy decision makers.

PHP6**NUB STATUS - A 2014 SITUATION ANALYSIS FOR DRUGS: ONCOLOGY AS LEADING THERAPEUTIC AREA**

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OBJECTIVES: In the German hospital landscape NuB's (Neue Untersuchungs- und Behandlungsmethoden) are essentially the precursor for cost-intensive drugs to be reimbursed within the G-DRG system. Hospitals can only start SHI negotiations for reimbursement once drugs have been given a NuB 1 status. The objective of this research was to provide an overview on the proportion of drugs (vs. methods, medicinal products) and their respective indications, which submitted NuB applications for 2014. **METHODS:** The German DRG database issued by the InEK (Institute for the Hospital Remuneration System) was used to analyse NuB subgroups sorted according to key therapeutic indications. In parallel, the number of NuB 1 status products that went through the AMNOG process was analysed. **RESULTS:** Out of 618 NuB submissions, only 133 (22%) were classified as drugs. In total, 114 (18%) of all NuB applications received a NuB 1 status, out of these 43 (38%) were drugs. The leading therapeutic area of the NuB 1 status drugs was oncology with 28 drugs (65%), followed by 5 ophthalmic products (12%). NuB 2 status was given to 465 (75%) procedures out of which 82 (18%) were drugs. The analysis reveals that, the success rate to receive the essential NuB 1 status is relatively low. Chances to receive a successful NuB 1 status approval is one in three for drugs, however only one in six for other procedures. Out of the 43 drugs that were given NuB 1 status, already 24 (55%) passed through the AMNOG process and were given equal proportions from important additional benefit to no additional benefit. **CONCLUSIONS:** Drug applications are more likely than procedures to be given NuB 1 status and thereby initiate reimbursement negotiations with the SHI. The application quality and support by the scientific societies and treatment centres is essential to make a NuB application successful.

HEALTH CARE USE & POLICY STUDIES – DISEASE MANAGEMENT**PHP8****MULTICRITERIA DECISION ANALYSIS AND COST ANALYSIS IN HEALTH CARE DECISION MAKING: A LITERATURE REVIEW**

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OBJECTIVES: The purpose this literature review is to investigate the application of multicriteria decision analysis and cost analysis methods within health care decision-making. **METHODS:** A search of the literature was conducted using scientific databases. A combination of the following key words and phrases were inputted into these databases: Analytic Hierarchy Process (AHP), Analytic Network Process (ANP), Elimination and Choice Expressing Reality (ELECTRE), Goal programming, Grey relation analysis, Markov process, Technique for Order of Preference by Similarity to Ideal Solution (TOPSIS), CBA, CEA, and related words. The located articles were divided into the following twelve health care topics: evaluation of health information services; evaluation of the product development process; project and technology selection; pharmaceuticals; health care management; therapy/treatment; management of medical waste; human resource planning in health care; organ transplantation; evaluation of health care policy; diagnostics; and shared decision-making with the patient. **RESULTS:** Ninety research articles were retrieved and determined relevant. The pertinent articles were published between 1981 and 2013. It was found that the AHP is the most commonly used method in health care decision making (65 articles). AHP is mainly exploited in project and technology selection (22). The ANP method is utilized in the evaluation of health information services, project and technology selection, pharmaceuticals and therapy/treatment. For the evaluation of health care policy AHP (11), CBA (1), CEA (1) and Grey relation analysis (1) were used. The TOPSIS, VIKOR, Markov process methods were utilized once in human resource planning in health care, health care management and therapy/treatment respectively. The CBA (4) and CEA (2) methods were especially useful for solving therapy/treatment tasks. **CONCLUSIONS:** Multicriteria decision analysis and cost analysis offers a scientifically sound evaluation framework for health care management, where stakeholder interests are of crucial concern and complex criteria that cannot easily be reduced to simple monetary expressions, can be assessed in resource limited settings.

PHP9**TRENDS IN PHYSICAL AND OCCUPATIONAL THERAPY UTILIZATION IN THE US AND WESTERN EUROPE**

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OBJECTIVES: Allied health care (AHC) disciplines, such as physical (PT) and occupational therapy (OT), are primarily performed by non-medical health care professionals. Although the budget impact of AHC is generally low, reimbursements are often scrutinized for their financial impact and benefit/risk ratios. To better inform the health care decision making regarding AHC, the aim of this study was to examine trends and utilization of PT and OT. **METHODS:** Data from the 2013 US (N=75,000) and 2013 SEU (France, Germany, Italy, Spain, and UK; N=62,000) National Health and Wellness Survey (NHWS). The NHWS is a patient-reported survey administered to a demographically representative sample of adults (with respect to age, sex, and

region) in each country. Overall rates of OT/PT visits were reported. Patients who reported an OT/PT visit in the past six months were compared with those who did not with respect to demographics, health history, and comorbidity variables. Logistic regression models were then conducted to predict OT/PT visits from these variables. **RESULTS:** Rates of OT/PT visits did not change from 2010 to 2013 but significant differences among countries was observed (p<.05). In 2013, France (0.54%) and the US (4.51%) had the most infrequent visits while Spain (11.13%) and Germany (11.92%) had the most frequent. Being in Germany (OR=3.46), being in Spain (OR=3.24), and having an above the median income (OR=1.14) were the strongest demographic predictors of an OT/PT visit (all p<.05). Although most comorbidities were associated with an increased probability of an OT/PT visit, pain (OR=2.30), arthritis conditions (OR=1.73), and psychiatric conditions (OR=1.73) were most strongly associated (all p<.05). **CONCLUSIONS:** PT and OT utilization varies significantly across countries, being highest in Germany and Spain where over 10% of adults reported a visit in the past six months. Pain-related (pain, arthritis) and psychiatric comorbidities were among the strongest predictors of PT/OT use.

PHP10**A GENDER MEDICINE POST-HOC ANALYSIS: BACKGROUND AND METHODS OF THE METAGEM PROJECT**

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OBJECTIVES: Gender is a social construct, which is defined by the way people perceive themselves and how they expect others to behave. Gender medicine is the field of medicine that studies the biological and physiological differences between the human sexes and how that affects differences in disease. The progress of research has confirmed that men and women differ not only sexually but also in relationship to factors such as liver enzymes, sex hormones and to variables determined by the environment, education, culture and psychology of the individual [Soldin and Mattison, 2009; Regitz-Zagrosek and Seeland 2012]. The Italian Drug Agency has recognized the importance of gender-specific analysis when evaluating new drug efficacy. The gender-medicine METAGEM project aims to describe gender differences in clinical outcomes, therapeutic approach and safety parameters in real world data. **METHODS:** Areas of interest were defined regarding Dermatology, Central nervous system, Infectivology, Rheumatology, and Transplantation; data were considered which were collected in ten observational studies conducted between 2002 and 2013 in Italy in routine clinical practice. A post-hoc subgroup analysis is performed by study, during which males are compared with females by statistical tests. A merge of different study data will be performed in order to evaluate safety. As post-hoc analysis all p-values are exploratory. **RESULTS:** The number of enrolled patients range between 238 to 1746 considering Rheumatology and Dermatology areas respectively, for a total of 3743 male and 3018 female patients. **CONCLUSIONS:** The papers and congress communications which will arise from METAGEM project will make the scientific community more aware of the importance of a gender-dedicated approach in the care of patients.

HEALTH CARE USE & POLICY STUDIES – Drug/Device/Diagnostic Use & Policy**PHP11****HEALTH-ECONOMICS IN CZECH REPUBLIC: CAN FORMAL HEALTH-ECONOMIC METHODOLOGY IMPROVE THE QUALITY OF SUBMITTED ANALYSIS?**

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OBJECTIVES: Health economic analysis (HEA) has been required since 2008 as a part of drug reimbursement applications submitted to the State Institute for Drug Control (SUKL). In 2013, SUKL introduced a formal health economic guideline, mostly based on the Czech Pharmacoeconomic Society's guideline published in 2011. The aim of this study was to assess the impact of guideline implementation on the quality of submitted HEAs. **METHODS:** We reviewed all (18) applications for new innovative drugs with prescription limited to specialized centers, in which the final decision was issued and came into force between 1/2013-6/2014. The HEAs were described in terms of type of analysis and further confronted with a 'HEA checklist' to identify common deficiencies in submitted HEAs. All check-lists were peer-reviewed to ensure objectivity. Our results were compared with previously published research (assessing HEAs submitted in 2008-2009 before the guideline release). **RESULTS:** All investigated dossiers contained HEA. Nine of them (50%) were cost-effectiveness analysis (outcome expressed mostly in LYGs) and nine (50%) were cost-utility analyses (outcome in QALYs). In general, the quality of HEAs was higher compared to the previous research, with 'evidence completeness' and 'uncertainty' being the most commonly marked as 'unsatisfactory' in the HEA checklist (less than 50%). Our results showed that 1/3 HEAs fell into the 'best' category (80-100% 'satisfactory' questions), while none of HEAs fell into this category in previous research. **CONCLUSIONS:** The present analysis showed a trend in higher quality of submitted analyses (1/2013-6/2014) compared with years 2008-2009.

PHP12**PRICE COMPARISON IN THE EUROPEAN PHARMACEUTICAL MARKET**

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OBJECTIVES: Due to rising health care costs, stricter governmental cost containment measures like international price comparison and external reference pricing, the European pharmaceutical markets will lead to future challenges in pricing. Despite of these prices of pharmaceuticals vary across European countries. Thus, the aim of the analysis was to draw a comprehensive picture of the pharmaceutical price levels and consumption (expenditure per capita) of pharmaceuticals in Europe. **METHODS:** The study analyzed drug prices of the outpatient setting (Rx and OTC) of all countries of the European Union except Denmark plus Switzerland.